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|  Prescribing Protocol Template for New Drugs |
| **Title**  | (to be included on each page as a header) |
| Areas where Protocol/Guideline applicable e.g. District, Hospital, ITU, Ward |  |
| Areas where Protocol/Guideline **not applicable** |  |
| **Authorised Prescribers** |  |
| Indication for use |  |
| Clinical condition |  |
| Patient selection: Inclusion criteria(list investigations necessary and relevant results) |  |
| Contra-indications |  |
| Precautions |  |
| Place in Therapy |  |
| State whether drug to be used as first, second or third line. When not first line, describe therapies to be used first. (Consider using algorithm)  |  |
| If part of combination therapy, list other drugs |  |
| Dosage (Include dosage adjustment for specific patient groups) |  |
| **Duration of therapy** |  |
| **Important Drug Interactions** |  |
| **Administration instructions** |  |
| Monitoring requirements |  |
| Safety |  |
| Effectiveness (state objective criteria) |  |
| **Management of complications** |  |
| **Basis of Protocol/Guideline**(including sources of evidence, references) |  |
| Groups consulted in development of **this protocol** |  |

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| AUTHORISATION |
| Author (Name) |  |
| Position |  |
| Department |  |
| Department Contact(for ongoing maintenance of Protocol/Guideline) |  |
| GOVERNANCE |
| Enactment date/ Renewal date(NB delete as appropriate) |  |
| Expiry date: (maximum 36 months from date of original approval) |  |
| Ratification date by SESLHD QUM Committee |  |
| Chairperson, QUM Committee  |  |
| Approved Protocol/Guideline distributed |  |
| Version Number |  |